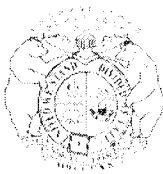


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November 13, 2006

Dear MRDD Contract Provider:

Please find attached the joint Department of Mental Health/Missouri Medicaid policy and protocol for coordination of MC+ managed-care and Department of Mental Health services funded either through Medicaid or general revenue.

This describes the requirements of the Department of Mental Health and Medicaid regarding eligibility for service and coordination of care across the two systems. The identical document has been also issued by Missouri Medicaid to the MC+ plans. In brief the policy states that with the exception of Medicaid pregnant women who receive higher priority for service, all other persons with managed-care MC+ coverage and DMH eligibility should receive neither higher nor lower priority from either the MC+ plans or DMH providers as a result of their eligibility status with the other program. The procedure required is active communication and coordination of services between both parties.

Please refer to this policy and procedure for coordination when working with the MC+ managed-care plans whenever any confusion or differences of opinion regarding eligibility and coordination occur.

Thank you for all your efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard Simons".

Bernard Simons, Director
Division of Mental Retardation and Developmental Disabilities

BS:km

Enclosure

cc: MRDD Executive Team
Regional Center Directors

MENTAL HEALTH AND SUBSTANCE ABUSE FEE-FOR-SERVICE COORDINATION

PROGRAM DESCRIPTION

MC+ Managed Care health plans are not required to provide Comprehensive Substance Treatment and Rehabilitation (CSTAR), Community Psychiatric Rehabilitation (CPR), targeted case management (TCM) and MRDD Home and Community Based Waiver services offered through the Department of Mental Health (DMH). The MC+ Fee-for-Service Program will provide those services on a fee-for-service basis. Additionally the DMH provides services for children/youth funded through General Revenue dollars.

CSTAR, CPR, TCM, and MRDD Home and Community Based Waiver Services are available to individuals who meet the eligibility criteria for these specific services on the same basis as the services are available to Medicaid/MC+ fee-for-service referrals. For individuals enrolled in MC+ Managed Care, application can be made for CSTAR, CPR, and related TCM services by the guardian in conjunction with the MC+ Managed Care health plan. Applications for MRDD Home and Community Based Waiver Services may be made by the guardian or with assistance from the MC+ Managed Care health plan for individuals, by contacting the local MRDD Regional Center. All Individuals determined eligible for regional center services received TCM services. Individuals in ME Code 71 – 75 are not eligible for MRDD Home and Community Based Waiver Services.

Each MC+ Managed Care health plan should work with DMH providers and regional centers in their area to develop protocols to assist in coordination of services and identify needs and capacity for these services. The following populations have first priority for service: 1) pregnant women; 2) post-partum women; 3) IV Drug Users, and 4) HIV patients. Referrals from MC+ Managed Care health plans will be accepted as the current capacity of these services allows. If access to these services is not available at the time of referral, the MC+ Managed Care health plan remains responsible for provision of all medically necessary services included in the comprehensive benefit package in accordance with the Missouri Medicaid State Plan. DMH providers will prioritize MC+ Managed Care health plan referrals for CPR, TCM, CSTAR, and MRDD Home and Community Waiver services on the same basis as Medicaid/MC+ Fee-for-Service referrals.

Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR)

CSTAR programs provide services to Medicaid/MC+ recipients who are assessed as needing substance abuse treatment. CSTAR programs provide a continuum of treatment services and supports tailored to the needs of the recipient.

- ❑ CSTAR services are “carved out” of the MC+ Managed Care program and are administered separately by the Department of Mental Health’s Division of Alcohol and Drug Abuse.
- ❑ CSTAR Medicaid-enrolled providers are reimbursed on a Fee-for-Service basis by the Division of Alcohol and Drug Abuse.
- ❑ It is essential for quality of care that there is timely communication among the CSTAR providers, the MC+ Managed Care health plans, and their mental health subcontractors.

A protocol for coordinating care for CSTAR services is outlined below.

- ❑ A substance abuse screening form is completed by a primary care provider or other practitioner to determine whether a substance use disorder is present.
- ❑ A positive response to one or more questions should lead to brief intervention, further assessment or referral to a CSTAR provider.
- ❑ Brief intervention is defined as advising the member to abstain from alcohol or other drugs.
- ❑ Referral to a CSTAR provider by the MC+ Managed Care Health plan participating provider should occur when (1) There is a need for more thorough assessment, (2) The member has failed to cut down or remain abstinent, or (3) The member has a substance abuse disorder that is evident based upon evaluation and history.
- ❑ The CSTAR Provider will obtain a signed multiple party consent form from the client that will allow them to communicate with the MC+ Managed Care Health plan.
- ❑ The CSTAR provider will provide notice to the MC+ Managed Care Health plan of the date of admittance. Following discharge of the client, a copy of the discharge plan will be provided to the MC+ Managed Care Health plan or their mental health subcontractor.
- ❑ CSTAR providers and MC+ Managed Care health plans shall collaborate to obtain needed psychiatric services for CSTAR enrolled patients.

Community Psychiatric Rehabilitation (CPR)

The DMH/Division of Comprehensive Psychiatric Services through its Administrative Agents provide CPR which includes a range of essential community-based mental health services designed to maximize independent functioning and promote the recovery and self-determination of individuals. In addition, they are designed to increase interagency coordination and collaboration in all aspects of the treatment planning process. Ultimately they help to reduce inpatient hospitalizations and out-of-home placements.

- ❑ CPR is carved out of the MC+ Managed Care program. The MC+ Fee-for-Service program will reimburse CPR certified providers according to the terms and conditions of the Medicaid/MC+ program.
- ❑ It is essential for quality of care that open and consistent dialogue exists between the CPR providers, the MC+ Managed Care health plan and its mental health subcontractors.
- ❑ The MC+ Managed Care health plan and its mental health subcontractors will refer members seeking CPR services to a CPR certified provider. The CPR provider will conduct an assessment to determine eligibility and the appropriate level of care.
- ❑ If the member refuses to receive care at a CPR provider, the MC+ Managed Care health plan remains responsible for providing psychiatric services as required by the contract and may provide alternative services to divert the member from higher levels of care.
- ❑ The MC+ Managed Care health plan and the CPR provider are jointly responsible for coordinating services with the CPR provider which may include participation in Family Support Teams for children/youth to outline the individual's needs, strengths, and services/supports across all involved parties.
- ❑ The CPR provider and MC+ Managed Care health plan are responsible for documentation of services provided and denial of any services.

Targeted Case Management (TCM)

TCM services include the following:

1. Arrangement, coordination, and participation in the assessment to ensure that all areas of the individual's and family's life are assessed to determine unique strengths and needs;
 2. Coordination of the service plan implementation, including linking individuals and families to services, arranging the supports necessary to access resources, and facilitating communication between service providers;
 3. Monitoring the service delivery plan with the individual and family participation to determine the adequacy and sufficiency of services and supports, goal attainment, need for additional assistance, and continued appropriateness of services and goals; and
 4. Documentation of all aspects of intensive targeted case management services including case openings, participation in assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.
- ❑ TCM services are carved out of the MC+ Managed Care program. MC+ Fee-for-Service will reimburse TCM services provided by DMH/Division of Comprehensive Psychiatric Services Administrative Agents.

- ❑ The MC+ Managed Care health plan and its mental health subcontractors will refer members seeking TCM services to the appropriate administrative agent/community mental health center (CMHC) in the area. The CMHC will conduct an assessment to determine if the individual meets criteria as having a serious emotional disorder or serious mental illness and is eligible for TCM.
- ❑ The MC+ Managed Care health plan remains responsible for all services included in the comprehensive benefit package.
- ❑ The MC+ Managed Care health plan and CMHC are jointly responsible for coordinating services which may include participation in Family Support Teams to outline the individual's and family's needs, strengths and services/supports across all involved parties.
- ❑ The TCM provider and MC+ Managed Care health plan are responsible for documentation of services provided and denial of any services.

Mentally Retarded and Developmental Disabilities (MRDD) Home and Community Based Waivers:

The Division of MRDD administers three Medicaid Home and Community Based Waivers. Individuals eligible for MC+ who are not in ME codes 71 through 75 and who have mental retardation and/or a developmental disability may apply to participate in either the MRDD Comprehensive Waiver or the MRDD Community Support Waiver. The third waiver serves children who are not otherwise eligible for Medicaid, and therefore does not apply to the MC+ population. The Division of MRDD's 11 Regional Centers serve as gatekeepers for accessing waiver participation.

Individuals must have mental retardation or a related condition that results in functional limitations in three or more areas. The individuals must also be determined to qualify for Intermediate Care Facility for the Mentally Retarded (ICF/MR) services, and would otherwise require those services, but for receipt of services through the waiver. The Comprehensive waiver includes residential services. Both waivers include Day Habilitation, Occupational, Physical, Speech and Behavioral Therapy, In and Out-of-Home Respite, Transportation, Personal Assistant, Community Specialist, Counseling and Crisis Intervention, Communication Skills Instruction, Supported Employment, Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies. The provision of service through either waiver must be determined necessary to avoid institutionalization. Participants in the Community Support Waiver are limited to an annual service package that does not exceed \$22,000. The average cost of all participants in the Comprehensive Waiver cannot exceed the average cost of all participants in the ICF/MR program.

Every individual who is determined eligible for Division of MRDD services is eligible for case management services. Case management for individuals who are Medicaid eligible, including participants in MRDD Home and Community Based Waivers, is provided as Targeted Case Management. Case management services are provided by QMRPs employed by the Division's eleven regional centers and by some local SB-40 County Boards.

Services Funded Through General Revenue (GR)

Comprehensive Psychiatric Services (CPS) provides an array of GR services that are not Medicaid/MC+ covered and are, therefore, not considered an entitlement and may have limited capacity. The availability and capacity of any specific GR service varies across geographic areas. These services include but are not limited to:

- ☐ Case Management
- ☐ Respite Care
- ☐ Family Assistance
- ☐ Wraparound Service Planning/Facilitation
- ☐ Residential Care
- ☐ Treatment Family Homes

General Procedures:

- ☐ Any individual in Missouri may access these GR services based on eligibility and availability of the service as well as availability of funding.
- ☐ Individual/families may be assessed a monthly fee for these GR services under the State's Standard Means Test.
- ☐ Individuals are assessed for eligibility and prioritized based upon acuity of clinical need and access to other health coverage and supports.
- ☐ Individuals enrolled in MC+ Managed Care may access these GR services under the above conditions. MC+ Managed Care health plans are encouraged to develop plans with the appropriate community mental health center(s) in their geographic catchment area to aid in the assessment of the geographic area's capacity needs.
- ☐ MC+ Managed Care health plans may also provide similar services if cost effective as a diversion from more intensive levels of care.
- ☐ If an individual is placed on a waiting list for any of these GR services due to capacity limitations, the MC+ Managed Care health plan remains responsible for the services covered under the comprehensive benefit package.
- ☐ The MC+ Managed Care health plan must demonstrate the need for the additional GR services to be provided by the CMHC.

- ❑ The CMHC is responsible for determining eligibility for service provision, and in conjunction with the legal guardian in determining the appropriate level and types of services to be provided.

Child/Adolescent Procedures:

- ❑ When a child is receiving services through CPS, the administrative agent shall facilitate a Family Support Team to develop a coordinated treatment plan. Team members should include the youth when appropriate, the youth's parents or legal guardian, all involved parties including the MC+ Managed Care health plan's clinical representative.
- ❑ The administrative agent will notify all parties, including the MC+ Managed Care health plan representative of the first Family Support Team meeting.
- ❑ After the first meeting, it is the responsibility of the MC+ Managed Care health plan representative to inform the administrative agent if, and how, they wish to receive notification of future Family Support Team meetings.
- ❑ Services identified in the coordinated treatment plan that are covered by the MC+ Managed Care health plan will be provided by the network of the MC+ Managed Care health plan.
- ❑ The administrative agent shall coordinate with the MC+ Managed Care health plan for authorization of these services.
- ❑ The administrative agent shall document the involvement of the MC+ Managed Care health plan in the record as well as authorization of the medically necessary services, and if denied, the reason for denial and any alternative services authorized.

Child Inpatient and Residential Services:

- ❑ If a child enrolled with a MC+ Managed Care health plan requires and is receiving inpatient psychiatric hospitalization, it is the MC+ Managed Care health plan's responsibility, in conjunction with the contracted inpatient provider, to plan for and obtain appropriate aftercare services.
- ❑ If a recommendation has been made for residential placement due to the intensity and/or chronicity of the child's needs, a referral can be made to the CMHC for residential treatment services.
- ❑ It is the responsibility of the MC+ Managed Care health plan to obtain all necessary information required to complete the application for placement through the Division of CPS and to demonstrate that community-based and less restrictive treatment options have been attempted in the care of the member and have not been successful, AND that there are no appropriate services that might otherwise be available to keep the member in his or her home and community.

- ❑ The CMHC will conduct an assessment to determine if the child requires out of home placement, and is eligible for CPS funding.
- ❑ Funding for residential care is limited as well as the availability of residential beds that would meet the child's specific, individualized needs. Until an appropriate residential bed is available and funding has been obtained for residential services, the MC+ Managed Care health plan is responsible for providing all services that are included in the comprehensive benefit package.
- ❑ If and when the child is placed in residential care through the Administrative Agent, the MC+ Managed Care health plan is responsible for providing all services that are included in the comprehensive benefit package.
- ❑ If a MC+ Managed Care enrolled child is receiving residential services through CPS, at least one month prior to the scheduled discharge the administrative agent shall communicate with the appropriate clinical representative from the MC+ Managed Care health plan regarding the status of the child and aftercare planning.

Transition From MC+ Managed Care to MC+ Fee-for-Service

- ❑ MC+ Managed Care health plans remain responsible for all medically necessary services included in the comprehensive benefit package until the member is finally disenrolled from the MC+ Managed Care health plan.
- ❑ For children known to be at risk to be disenrolled or to choose to opt-out, MC+ Managed Care health plans and DMH providers will offer and encourage a Family Support Team Treatment Plan as described above.

MISCELLANEOUS

The [MRDD Waiver, C-STAR, and Community Psychiatric Rehabilitation \(CPR\) program manuals](#) can be referenced online at the Division of Medical Services www.dss.mo.gov/dms for additional information. [Special bulletins](#) may also be referred online for additional information.

MC+ MANAGED CARE PROTOCOL DEFINITIONS

Case Management

The arrangement and coordination of an individual's treatment and rehabilitation needs, as well as other medical, social, and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the client's individualized plan and progress towards outcomes specified in the plan; escorting clients to services when necessary to achieve a desired outcomes or to access services; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve individual or family counseling or psychotherapy).

The provider must have an Associate of Arts degree in the humanities with experience and training in dealing with social programs. The provider is a designated staff person assigned the responsibility of case manager for a client, and only that person, or designee in his absence, may bill for case management services.

Wrap-Around Services-Youth

Youth wrap-around services are based upon the philosophy of child and family driven service provision. This philosophy includes providing whatever services are required to keep children in regular home, school, and community placements. Youth wrap-around service(s) will consist of one or more direct or indirect services provided to or for a child or family and may include one or more of the umbrella services necessary to help insure the functional success of the child in the community. Types of services which may be provided under this definition include: respite, transportation supports, social-recreational supports, basic needs supports, clinical/medical supports or other supports.

Vendors are expected to track expenditures by categories and submit a breakdown with each invoice that accounts for the expenditure category, specific activity provided, client number, service units provided and total expenditure and, provider of the service.

Residential Treatment

This service consists of domiciliary care provided those who have been discharged from a mental health facility and those who would, without such services require inpatient care. Service provided includes room, board and habilitative services.

Respite Care – Youth

Temporary care provided by trained, qualified personnel, on a time limited basis, with the purpose of meeting family needs and providing mental health

stabilization for families with children with severe emotional disturbance (SED). The service must be prescribed in the treatment or service plan as an essential clinical or supportive intervention for children and youth with SED under the age of 18. Respite may be provided in or out of the client's home, school, community or at a DMH licensed site. Respite care supports the family or primary caregiver in maintaining a child with SED at home.

Targeted Case Management

Case management services including the following: 1. Arrangement, coordination, and participation in the assessment to ensure that all areas of the individual's and family's life are assessed to determine unique strengths and needs; 2. Coordination of the service plan implementation, including linking individuals and families to services, arranging the supports necessary to access resources and facilitating communication between service providers; 3. Monitoring the service delivery plan with the individual and family participation to determine the adequacy and sufficiency of services and supports, goal attainment, need for additional assistance and continued appropriateness of services and goals; and 4. Documentation of all aspects of intensive targeted case management services including case openings, participation in assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning and case closure.

Family Assistance Worker

These services are provided for a child/adolescent and/or the family. The services can be provided in the home or in a variety of settings, i.e., school, travel to and from school, home, social/peer settings, or in a group or one-to-one supervision. Services may be provided during varying hours of the day to best fit the need of the child/adolescent/family. Activities provided in the delivery of services may include home living and community skills, transportation, working with the adult members on parenting skills, communication and socialization, arranging appropriate services for family and child/adolescent including services and resources available in the community and leisure activities for the child/adolescent.

Efforts will focus on developing a trusting relationship with child/adolescent such that modeling of appropriate behaviors and coping skills will be more effective. The Family Assistant worker can provide one-on-one services to assist the child/adolescent with activities of daily living or to assure arrival at school or other commitments. The worker can teach appropriate social skills through hands-on experiences: i.e., displaying appropriate social interactions with the child/adolescent, or resolving conflicts with sibling or peers, etc. Other referral agencies used may include leisure community resources, recreation therapy itself, appropriate school resources, or other available community resources.

Family Support

This service may involve a variety of related activities to the development or enhancement of the service delivery system. Activities are designed to develop a support system for parents of children who have a serious emotional disturbance. Activities must be directed and authorized by the treatment plan. Activities may include, but are not limited to, problem solving skills, emotional support, disseminating information, linking to services and parent-to-parent guidance.

Community Psychiatric Rehabilitation

A certified CPR program provides the following services:

- ❑ Evaluation services--determines whether the individual is eligible for admission to the CPR program and that the individual is among the priority populations of Comprehensive Psychiatric Services.
- ❑ Community Support--activities designed to ease an individual's immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, monitoring client progress in organized treatment programs, among other strategies.
- ❑ Intensive Community Psychiatric Rehabilitation -- level of support designed to help consumers who are experiencing an acute psychiatric condition, alleviating or eliminating the need to admit them into a psychiatric inpatient or residential setting. It is a comprehensive, time limited, community-based service delivered to consumers who are exhibiting symptoms that interfere with individual/family life in a highly disabling manner.
- ❑ Psychosocial Rehabilitation (PSR) -- combination of goal-oriented rehabilitative services provided in a group setting as outlined in the person's individualized treatment plan. Services are designed to maintain and improve the ability of persons to function as independently as possible in their family and/or community. A CPR program must be licensed by the Department of Mental Health or accredited by the Council on Accreditation of Rehabilitation Facilities (CARF), JCAHO, or COA.
- ❑ Treatment Family Homes -- Private family residences that are licensed to provide out-of-home care to children and youth under the age of 18, with severe emotional disturbances, who are not related by blood or marriage. Treatment Family Homes incorporate family treatment with community-based services to collectively provide a short-term behaviorally focused alternative to inpatient care or more restrictive forms of out-of-home care.
- ❑ Administrative Agent-- A Single agency in each mental health service area that functions as the administrative authority for all Division of Comprehensive Psychiatric Services funds in the area. The agency

provides a consortium of treatment services to consumers (both children and adults).

- ❑ Serious Emotional Disturbance -- A term used to describe children and youth who have serious disturbances in psychological growth. There are a number of characteristics that may distinguish these youth. The definition of serious emotional disturbance in the State of Missouri is defined as:
 - Children and youth under 18 years.
 - Children and youth exhibiting substantial impairment in their ability to function at a developmentally appropriate level due to the presence of a serious psychiatric disorder. They must exhibit substantial impairment in two or more of the following areas:
 - Self care including their play and leisure activities;
 - Social relationships: ability to establish or maintain satisfactory relationships with peers and adults;
 - Self direction: includes behavioral controls, decision making, judgment, and value systems;
 - Family life: ability to function in a family or the equivalent of a family (for a child birth through six years, consider behavior regulation and physiological, sensory, attentional, motor or affective processing and an ability to organize a developmentally appropriate or emotionally positive state);
 - Learning ability;
 - Self expression: ability to communicate effectively with others.
 - Children and youth who have a serious psychiatric disorder as defined in Axis I of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). An "exclusive" diagnosis of V Code, conduct disorder, mental retardation, developmental disorder, or substance abuse as determined by a Department of Mental Health, Comprehensive Psychiatric Services Provider does not qualify as a serious emotional disturbance.
 - Children from birth through three years may qualify with an Axis I or Axis II diagnosis as defined in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC-03).
 - Children and youth whose inability to function, as described, require mental health intervention. Further, judgment of a qualified mental health professional should indicate that treatment has been or will be required longer than six months.
 - Children and youth who are in need of two or more State and/or community agencies or services to address the youth's serious psychiatric disorder and improve their overall functioning.

- Serious emotional disturbance occurs more predictably in the presence of certain risk factors. These factors include family history of mental illness, physical or sexual abuse or neglect, alcohol or other substance abuse and multiple out of home placements. While these risk factors are not classified as specific criteria in the definition of serious emotional disturbance, they should be considered influential factors.
- **Serious and Persistent Mental Illness**—A term used to describe adults suffering from severe, disabling mental illness. Must be over the age of 16 and meet each of the three criteria:
 - Adults exhibiting substantial impairment in each of the following areas:
 - Social role functioning—ability to functionally sustain the role of worker, student or homemaker; and
 - Daily living skills—ability to engage in personal care (grooming, personal hygiene, etc.) and community living activities (handling personal finances, using community resources, performing household chores, etc.) at an age-appropriate level.
 - Adults with a primary diagnosis of one of the DSM-IV Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised in 1994 listed below:
 - Schizophrenia disorder,
 - Delusional (paranoid) disorder,
 - Schizoaffective disorder,
 - Bipolar disorder,
 - Atypical psychosis,
 - Major depression, recurrent
 - Dementia or other organic condition complication with delusional disorder, mood disorder, or severe personality disorder,
 - Obsessive-compulsive disorder,
 - Post-traumatic stress disorder,
 - Borderline personality disorder,
 - Dissociated identity disorder,
 - Generalized anxiety disorder,
 - Severe phobic disorder.
 - The individual must also meet at least one of the following criteria:
 - Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g. crisis response services, alternative home care, partial hospitalization or inpatient hospitalization).
 - Has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long

enough to have significantly disrupted the normal living situation.

- Has exhibited the disability specified in bullets above for a period of no less than a year.

- ❑ Family Support Team-- Comprised of the child, family, care manager/service worker, and representatives of other involved agencies (e.g., behavioral health plan, Children's Division, Division of Youth Services, courts, schools) and other involved individuals (neighbors, minister). Teams are formed around the specific needs of an individual child and family therefore, the size and membership of the team varies. This team carries out and supports the service planning and delivery process.

MENTAL HEALTH AND SUBSTANCE ABUSE

PROGRAM DESCRIPTION

MC+ Managed Care health plans are required to provide mental health and substance abuse services included in the comprehensive benefit package in accordance with the Missouri Medicaid State Plan for members in Category of Aid (COA) 1 and 5. Please refer to the policy statement on Mental Health and Substance Abuse Fee for Service Coordination for information on specific mental health and substance abuse services that are not included in the comprehensive benefit package.

MC+ Managed Care health plan policies and procedures shall permit members to contact an in-network mental health provider directly without a referral or authorization from the primary care provider and shall provide for the authorization of at least four visits annually without prior authorization requirements.

Outpatient Facility, Psychiatry, Psychology, and Counseling

MC+ Managed Care health plans are required to provide psychiatry, psychology, counseling and outpatient facility services in accordance with the Missouri Medicaid State Plan for members in Category of Aid (COA) 1 and 5. Medicaid State Plan psychiatry services are included under the physician program. Please refer to the Physician/Advanced Practice Nurse Services, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) policy statement for more detail regarding physician services. Please refer to the policy statement on Mental Health and Substance Abuse Fee-for-Service Coordination for information on specific mental health and substance abuse services that are not included in the comprehensive benefit package.

HCY Psychology/Counseling Services for Children

The MC+ Managed Care health plans are required to provide the following psychology counseling services in accordance with the Missouri Medicaid State Plan for child members under the age of 21. The following are included in HCY services:

- ☐ Psychological services include testing assessment, evaluation, and development of a treatment plan and treatment of mental, psychoneurotic, or personality disorders;
- ☐ Counseling services cover counseling for mental, psychoneurotic, or personality disorders;
- ☐ Crisis intervention is a face-to-face contact to diffuse a situation of immediate crisis. The situation is of significant severity to pose a threat

- to the member's well being or is a danger to him/her self or others;
- ☐ Developmental/Mental health screen is a screening of social/language development and fine/gross motor skill development.

The following are psychology/counseling procedures covered under HCY:

- ☐ 99429 59 -- EPSDT Developmental/Mental health partial screen without a referral for further medical services;
- ☐ 99429 59 UC -- EPSDT Developmental/Mental health partial screen with a referral for further medical services;
- ☐ 90801-Assessment (diagnostic interview);
- ☐ 90802-Assessment (interactive);
- ☐ 90804-Individual therapy (insight oriented) 20-30 minutes;
- ☐ 90806 – Individual therapy (insight oriented) 45-50 minutes;
- ☐ 90810-Individual therapy (interactive) 20-30 minutes;
- ☐ 90812 – Individual therapy (interactive) 45-50 minutes;
- ☐ 90816-Individual therapy (insight oriented inpatient) 20-30 minutes;
- ☐ 90818 – Individual therapy (insight oriented inpatient) 45-50 minutes;
- ☐ 90823-Individual therapy (interactive inpatient) 20-30 minutes;
- ☐ 90826 – Individual therapy (interactive inpatient) 45-50 minutes;
- ☐ 90846-Family therapy without member present;
- ☐ 90847-Family therapy with member present;
- ☐ 90853-Group therapy;
- ☐ 96100-Psychological testing;
- ☐ S9484-Crisis intervention.

Psychiatric Inpatient Facility

In the Fee-for Service program, services provided in a psychiatric hospital are covered for members below the age of 21 and members 65 years and older. Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care. Members between 21 and 64 access psychiatric inpatient care through acute care hospitals.

Detoxification Services

MC+ Managed Care health plans are required to provide detoxification services, the acute phase of alcohol or drug abuse, in accordance with the Missouri Medicaid State Plan. The initial length of stay is limited to three (3) days. The attending physician or hospital may request additional days if extended acute care is medically necessary.

Court Ordered Services

MC+ Managed Care health plans are required to provide services in the comprehensive benefit package that are court ordered and for involuntary commitments (including 96 hour detention) regardless of medical necessity.

Children in Category of Aid 4

MC+ Managed Care health plans are not required to provide mental health services and substance abuse services for members in COA 04 (children in the care and custody of the State). MC+ Fee-for-Service will provide those services on a fee-for-service basis. For inpatient claims with dual diagnoses (physical and mental), the MC+ Managed Care health plan shall be financially responsible for all inpatient hospital days if the primary, secondary, or tertiary diagnosis is a combination of physical and mental health. These admissions are subject to the prior authorization and concurrent review process identified by the MC+ Managed Care health plan.

PROGRAM LIMITATIONS

- ☐ Inpatient care that is not medically necessary and services provided at a non- acute care level are not covered;
- ☐ Neuropsychology is not covered.

MISCELLANEOUS

The MC+ Managed Care health plan network must include Qualified Mental Health Professionals (QMHP) and Qualified Substance Abuse Professionals (QSAP) as defined in the contract. Part of the definition of a QMHP is a licensed clinical social worker or a clinical social worker with a Masters Degree in social work from an accredited program who has specialized training in mental health services. This contract language does not say that the MC+ Managed Care health plan must limit its network to QMHP's as defined in the contract. The contract goes on to say that the MC+ Managed Care health plan must include licensed clinical social workers in the network. If the social worker was licensed prior to July 1, 1992, the individual is not required to possess a Masters Degree as outlined in section 337.606, RSMo.

As noted in the contract, the state agency, in conjunction with the Department of Mental Health, has developed community-based services with an emphasis on the least restrictive setting. The health plan shall consider, when appropriate, using such services in lieu of using out-of-home placement settings for members. Attachment One outlines the community-based services that have been developed.

Please reference Section 13 of the [Missouri Medicaid Hospital Manual](#) for details regarding benefits and limitations in the hospital program. [Special bulletins](#) may also be referred online for additional information.

The [Psychology/Counseling and Physician Manuals](#) can be referenced online at the Division of Medical Services website www.dss.mo.gov/dms for additional information. [Special bulletins](#) may also be referred online for additional information.

Please refer to the policy statement on Mental Health and Substance Abuse Fee for Service Coordination for information on specific mental health and substance abuse services that are not included in the comprehensive benefit package.

ATTACHMENT ONE

Community-based Services

Case Management

The arrangement and coordination of an member's treatment and rehabilitation needs, as well as other medical, social and educational services and supports; coordination of services and support activities; monitoring of services and support activities to assess the implementation of the member's individualized plan and progress toward outcomes specified in the plan; escorting member to services when necessary to achieve desired outcomes or to access services; discharge planning and reintegration to the community from an inpatient setting; and direct assistance to the child, family, adult including coaching and modeling of specific behaviors and responses (the direct assistance may not involve member or family counseling or psychotherapy).

Families First

A comprehensive, time limited in-home crisis services program to reduce out-of-home placement of children who are seriously emotionally disturbed or experiencing an acute psychiatric condition and are at imminent risk of being removed from their home. The goal of the program is to prevent the unnecessary out-of-home placement of the child/youth to an inpatient facility, a residential or group home, treatment family home or juvenile detention.

Extended Families First

An intensive 3-6 month in-home program designed to transition children with a serious emotional disturbance from community placement back to their families and communities. Services include a range of therapeutic crisis intervention skills as well as support and coordination of community resources.

Respite Care

Temporary care provided by trained, qualified personnel, on a time limited basis, with the purpose of meeting family needs and providing mental health stabilization for families with children with severe emotional disturbance (SED). The service must be prescribed in the treatment or service plan as an essential clinical or supportive intervention for children and youth with SED under the age of 18. Respite care may be provided in or out of the member's home, school, community, or at a DMH licensed site. Respite care supports the family or primary care giver in maintaining a child with SED at home.

Child/Adolescent Family Assistance

These services are provided for a child/adolescent and/or the family. The services can be provided in the home or in a variety of settings: i.e., school, travel to and from school, home, social/peer settings, or in a group or one-to-

one supervision. Services may be provided during varying hours of the day to best fit the need of the child/adolescent/family. Activities provided in the delivery of services may include home living and community skills, transportation, working with the adult members on parenting skills, communication and socialization, arranging appropriate services for family and child/adolescent including services and resources available in the community and leisure activities for the child/adolescent.

Efforts will focus on developing a trusting relationship with child/adolescent such that modeling of appropriate behaviors and coping skills will be more effective. The Family Assistant worker can provide one-on-one services to assist the child/adolescent with activities of daily living or to assure arrival at school or other commitments. The worker can teach appropriate social skills through hands-on experiences; i.e., displaying appropriate social interactions with the child/adolescent, or resolving conflicts with siblings or peers, etc. Other referral agencies used may include leisure community resources, recreation therapy itself, appropriate school resources, or other available community resources.

Family Support

Family Support allows families to benefit from the guidance of other parents with similar experiences. It may involve a variety of related activities to the development or enhancement of the service delivery system. Activities are designed to develop a support system for the parents of children who have an emotional disturbance. Activities must be directed and authorized by the treatment plan. Activities may include, but are not limited to, problem solving skills, emotional support, disseminating information and linking to services.